FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 734079

1. Corporation Name

Sanctuary Homeon Homeowners Association Inc.

FILED May 01 1996 8:00 am Secretary of State

5/1/96 407-989-8807

Sandbarg Therries are 19,112				
Principal Place of Business 5295 TownCenter Rd 5211c 200 Boca Raton, FL 33486 Mailing Address 5295 TownCenter Rd 5011c 200 Suite 200 Boca Raton, FL 33486			3. Date incorporated or Qualified 3a.	Date of Jast Report
2. Principal Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21 26			59-1935468	Not Applicable
Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	Zip	Country	This corporation has liability for intangible	Added to Fees
24 25	29	30	Florida Statutes	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
TSaacson, William K 81 Name				
Isaacson, William K. 5295 Town Center Rd		82 Street Addo	82 Street Address (P.O. Box Number is Not Acceptable)	
Suite 200			<u> </u>	
Some and	1 22486	83		
Boca Raton, F	L 33784	84 City		85 Zip Code
			F	- L
11. Pursuant to the provisions of Sections 64-0502 and 617-1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or host, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the directors of Section 647-0503, Florida Statutes. SIGNATURE Signature, typed or printed have of registered agent and title if as skillation. (NOTs. Registered Agent signature rejurced when rejuscation.) [NOTs. Registered Agent and title if as skillation				
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME KOSKI, Art	DELETE	1.1 TITLE		Change Addition
STREET ADDRESS 4535 Sanctuar	outane.	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP BOCA. Raton	FL 33431	1.4 CITY - \$1 - ZIP		
THTLE VD	DELETE	2 1 TITLE		Change Addition
I V 13	_	2 2 NAME		
STREET ADDRESS 2424 XI Feder				
CITY-ST-ZIP BOCA RATON.	FL 33431	2.3 STREET ADDRESS 2 4 CITY - S1 - ZIP		
TITLE STD .	DELETE	31 TITLE		Change Addition
NAME Kane Chris		3 2 NAME		
STREET ADDRESS SOIY Sanctu	ary Lane.	3 3 STREET ADDRESS		
CHY-ST-ZIP COLCUL KULTON	, FC <u>33931</u>	3 4 CITY-ST-ZIP		
TITLE	DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	Filos sv.	4.4 CITY - ST - ZIP		
TITLE	DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME ATTEST ADDRESS		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5 4 CITY-ST-ZIP 6 1 TITLE	OOCOOT 9222	Addition Addition
NAME	Пресси	6 2 NAME	0000018728 -06/24/9601028	-004
STREET ADDRESS		6.3 STREET ADDRESS	***81.25	
CITY-ST-ZIP		6 4 CITY-SI-3IP	to the second of	
	blied with this filing is voluntarily furnis	shed and does not qualify for	or the exemption stated in Section 119.07(3)(k),	, Florida Statutes. I further
14. I do hereby certify that the information supporting that the information indicated on this cath; that I am an officer or director of the appears in Block 12 or Block 13 if change.	annual report of supplemental ennu corporation of the receiver or trustee I, or on an adactment with an addre	at report is true and accura empowered to execute this iss.	te and that my signature shall have the same le s report as required by Chapter 617, Florida Sta	gal effect as if made under atutes; and that my name